



Application for Mentor-Protégé Program
(for Potential Protégé only)

Business Name: _____

Address: _____

Phone: _____

Contact Person: _____

E-Mail Address: _____

Type of Business: _____
(Top 3 Business Areas)

	Name:	Phone:
Professional		
References:		
1		
2		
3		

1. Please list three specific goals that your firm would like to gain from participating in the program.
2. Please list three items that your firm brings to the relationship.
3. Please list your firm's San Diego/Imperial County office location and approximate number of staff
(An office location in San Diego/Imperial County is required for participation in the program AND be setup to provide architectural and engineering services).
4. Describe the qualities you are seeking from the mentor firm. Do you prefer a mentor that performs similar types of work as your firm, or different? Please name any specific mentor firm(s) desired.
5. Is your firm currently certified as a ☐ DBE, ☐ DVBE, or ☐ SB? Yes ☐ No ☐
(Certification is not required to participate in the program)
6. If not, are you planning to become certified? Yes ☐ No ☐
7. Has your firm worked with any of the following agencies?
 - a. Caltrans Yes ☐ No ☐
 - b. SANDAG Yes ☐ No ☐
 - c. Local Agencies Yes ☐ No ☐
 - d. Other governmental agencies Yes ☐ No ☐
8. How long has your firm been in business (min. 1 year at start of program)? _____ Years
9. What is your average annual revenue for the past three years?
2012 _____ 2013 _____ 2014 _____
10. Does your firm meet the criteria to qualify for California Small Business certification? Yes ☐ No ☐

--- Upon completion, please file this document with ---

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